

FILED FEB 18 1944

Registration District No. **18**

Primary Registration District No. **4033**

Registrar's No. **1**

1. PLACE OF DEATH:

(a) County **BATES**
(b) City or town **AMOMET HOMER TWP**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME **SARAH STEPHENS MOAMS**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **f** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Aug 2 2 1952**
(Month) (Day) (Year)

8. AGE: Years **91** Months **5** Days **6** If less than one day _____ hr. _____ min.

9. Birthplace **Boone Co Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **retired housewife**

11. Industry or business _____

MOTHER FATHER { 12. Name **Elyah Stephens**
13. Birthplace **Dart Kanan 9**
(City, town, or county) (State or foreign country)
14. Maiden name **Stephens Park**
15. Birthplace **Dart Kanan 9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Carrie Jones**
(b) Address **Bates Mo RFD**

17. (a) **burial** (b) Date thereof **Jan 30 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Kenton Cem**

18. (a) Signature of funeral director **Butler**

(b) Address **Bates Mo**

19. (a) **Jan 30-44** (b) **Mrs Viola L Sells**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Bates**
(c) City or town **Amoret**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **28**
year **1944** hour **9** minute **10** M.

21. I hereby certify that I attended the deceased from **Jan 26 1944** to **Jan 28 1944**
that I last saw him alive on **Jan 25 1944**
and that death occurred on the date and hour stated above.

Immediate cause of death **Influenza and Myocarditis**
Due to _____
Due to **93.2**

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) _____
While at work? _____ (c) Means of injury _____

23. Signature **H. D. LaHore** (M. D. or other) **md**
Address **Bates Mo** Date signed **1-31-44**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7

District File Number

Date Filed

1-44-178

2-17-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Registered Apprentice No.

working under my personal supervision.

Signed

C. E. Culver

Licensed Embalmer No.

2576

P. O. Address

Birtle Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.